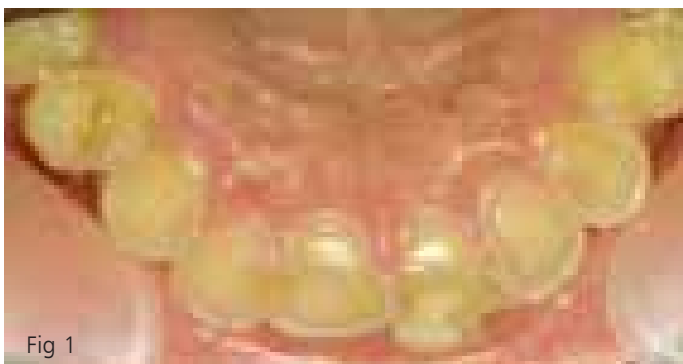


EATING DISORDERS and oral health

DENTAL EROSION

Internal or 'intrinsic' sources of acid from the stomach can cause dental erosion. Persistent vomiting associated with conditions such as bulimia and anorexia nervosa, pregnancy, chronic gastro-oesophageal reflux disease, hiatus hernia and chronic alcoholism have all been shown to be associated with erosion.

The palatal surfaces of the upper teeth become very smooth as the enamel is dissolved away (Fig 1).



The incisal edges then begin to fracture away under normal occlusal forces as the tooth becomes very thin (Fig 2).



Since it is generally a slow process occurring over an extended period of time, the pulp may form a calcific barrier to the progression of the lesion. Ultimately, the teeth become sensitive and pulp exposure may occur. There is a decrease in facial height due to deepening of the bite and aesthetics is compromised. As a result there may be extensive restorative requirements in the form of pulp therapy, inlays, onlays, crowns, veneers or overdentures.

Treatment of the underlying condition may take some time. In order to minimize harm to the teeth, fluoride rinses following vomiting should be introduced and the teeth should not be brushed frequently or within an hour of vomiting. Remineralizing agents such as fluoride gels in trays or Tooth Mouse™ should be used daily.

WHAT IS AN EATING DISORDER?

An eating disorder is a dangerous mental illness, **not** a lifestyle choice, a diet gone wrong or a fad. An eating disorder is characterized by an unhealthy pre-occupation with food, eating, exercise and body weight/shape.

There are a variety of eating disorders that can affect a person, with different characteristics and causes. However, in general, eating disorders can be linked to low self esteem and attempts to deal with underlying psychological issues.

A common misconception regarding eating disorders is that they are a fad, a diet gone wrong, or an attention-seeking attempt. This could not be further from the truth. Eating disorders are serious, in some cases fatal, mental illnesses which often require psychological and/or physical intervention to promote recovery. It is not uncommon for a person to have comorbid eating disorders or to alternate between eating disorders, e.g., someone experiencing anorexia nervosa may later develop bulimia nervosa or binge eating disorder, and vice versa.

It is unclear exactly how eating disorders develop, but many factors seem to be involved. Most sufferers have low self-esteem, along with certain traits such as a fear of becoming fat, feelings of not measuring up to other people's expectations, and the need to strive for perfection in all areas of life. People who suffer from eating disorders may also be depressed or feel they lack control over their lives.

Eating disorders appear to affect more people than many realize, and men appear to be a group that is alarmingly under reported and undiagnosed. Current research shows that men make up about 10% of all eating disorder sufferers.

It is estimated that:

- 2–3% of young Australian females are anorexic or bulimic;
- 0.5–1.0% of young women develop anorexia;
- 5% of all anorexics are male;
- 10% of those with anorexia die from it;
- 5% of the Australian population have bulimia;
- 4% of the Australian population have a binge eating disorder; however, these figures are constantly changing.

An increasing number of males have been affected by eating disorders. Some emerging facts about males with eating disorders include:

- 10% of individuals with an eating disorder are male;
- There are similar percentages of males and females who have binge eating disorder (males – 3%, females – 3.4%);
- An equal percentage of males wish for lighter and heavier body weights;
- Males are less likely to seek treatment, especially for psychological problems.

TYPES OF EATING DISORDERS

ANOREXIA

Individuals suffering from anorexia may be experiencing:

- Severe restriction of food;
- Severe weight loss to unhealthy weight;
- In females, loss of period;
- Intense fear of weight gain;
- Disturbed body image, e.g., see self as fat although underweight.

BULIMIA

Individuals with bulimia experience symptoms and behaviours that include:

- Out of control binge eating, consuming large amounts of food, often in secret and associated with feelings of loss of control and shame;
- Unhealthy compensatory behaviours for bingeing, such as vomiting, laxative abuse, diet pills, excessive exercise, and strict dieting.

BINGE EATING DISORDER (BED)

Individuals with binge eating disorder (BED) engage in the same kinds of binge eating episodes as those with bulimia but without the compensatory behaviours.

EATING DISORDERS NOT OTHERWISE SPECIFIED (EDNOS)

Other types of disordered eating exist that do not fit into the existing classifications, or there may be co-existing eating disorders in one individual, such as anorexia and bulimia.

CAUSES OF EATING DISORDERS

Many factors can contribute to the development of an eating disorder. Contributing factors can come from the individual or their surrounding environment, or there may be multiple factors that have an additive effect.

Such factors can include:

INDIVIDUAL RISK FACTORS

- Low self-esteem;
- Need for approval of others;
- Difficulties expressing needs and emotions;
- Perfectionism;
- Difficulties being assertive;
- Dieting behaviours.

SOCIETAL FACTORS

- Social pressure to be thin;
- Social focus on importance of appearance.

FAMILY FACTORS

- Difficulties communicating;
- High expectations for appearance and achievement;
- Parents may have poor body image and/or dieting behaviours.

TRIGGERING EVENTS

- Death of a loved one;
- Moving house and/or school;
- Changing jobs;
- History of abuse.

WARNING SIGNS

- Dieting;
- Over eating;
- Weight loss/gain;
- Preoccupation with weight;

- Sensitivity to cold;
- Moodiness;
- Social withdrawal;
- Anxiety/depression;
- Increase in preparing food for others.
- Concept of 'good' and 'bad' foods;
- Change in style of clothes, e.g., baggy clothes that hide the body;
- Excessive exercise;
- Avoidance of social activities, especially those involving food;
- Evidence of binge eating, e.g., food wrappers;
- Going to bathroom after eating.

EFFECTS

PHYSICAL HARM

- Brittle bones;
- Kidney dysfunction;
- Infertility;
- Muscle wasting;
- Stunted growth;
- Heart irregularities;
- Damage from vomiting – electrolyte imbalance, bowel problems, e.g., constipation and diarrhoea;
- Deteriorated physical appearance; e.g., dry hair and skin;
- Dental erosion.

PSYCHOLOGICAL HARM

- Depression;
- Anxiety;
- Suicidal thoughts and behaviours;
- Self harm.

TREATMENT

There are a variety of treatments for individuals with eating disorders that can also be used in combination with each other.

These include:

- Medical treatment including hospitalization for severe physical symptoms;
- Nutritional counselling to learn what normal eating patterns are and the consequences of not eating a healthy diet;
- Psychological counselling to address the underlying psychological problems, e.g., anxiety, self-esteem, interpersonal relationships; this may take the form of cognitive behavioural therapy (challenging underlying assumptions about body image, appearance and thinness, etc), interpersonal psychotherapy, family therapy or group counselling;
- Pharmacological intervention such as prescribing anti-depressants often combined with psychotherapy for best effect.

PREVENTING EATING DISORDERS

Due to the complex nature of eating disorders and the wide range of origins and risk factors for development, there is no specific formula for prevention. However, there are measures that can be taken to minimize the likelihood of falling into dangerous behaviours regarding food, dieting, weight and body image. The most important measure is to be educated about the nature of eating disorders, risk factors, and at-risk personality types.

Philippa Sawyer
Chairman
Oral Health Committee

RESOURCES AND FURTHER READING

www.eatingdisorders.org.au
www.eda.org.au
www.privatehealth.co.uk/diseases/dental-health/dental-erosion/
www.ida.org.in